

Summary of Benefits Report for Wisconsin, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	cover up to 4x/12 months for permanently disabled members.
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	cover up to 4x/year for members with oral hygiene impairing disabilities or for members with high caries risk.
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	primary and premolar teeth
Space maintainers	Yes		

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		First exam at the eruption of the first tooth and no later than 12 months.
Assessment of risk for tooth decay	No			

X-Rays

Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes			

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization		special medical criteria and healthcheck referral applies	
Dentures				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		special medical circumstances apply	
Complete dentures	Yes - only with prior authorization		special medical circumstances apply	
Bridges	Yes - only with prior authorization		special medical criteria applies	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		special healthcheck referral applies	
Braces	No			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		surgical only	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes - only with prior authorization		Limitations apply	
Non-intravenous conscious sedation	Yes - only with prior authorization		Limitations apply	
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).